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Dkt. 41426-A-PCT-US/JFW/SHS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ron S. Israeli et al.

Serial No.: 08/403,803

Group Art Unit: 1645

Filed : March 17, 1995

Examiner: S. Gucker

For : PROSTATE-SPECIFIC MEMBRANE ANTIGEN

1185 Avenue of the Americas  
New York, New York 10036  
January 16, 2001

Assistant Commissioner for Patents  
Washington, D.C. 20231

SIR:

AMENDMENT IN RESPONSE  
TO AUGUST 16, 2000 OFFICE ACTION,  
SUPPLEMENTAL INFORMATION DISCLOSURE  
STATEMENT, CERTIFICATION PURSUANT TO 37 C.F.R.  
\$1.97 (e) (1) AND PETITION FOR A TWO-MONTH EXTENSION OF TIME

This Amendment is submitted in response to an August 16, 2000 Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the August 16, 2000 Office Action was originally due November 16, 2000. Applicants hereby petition for a two-month extension of time. Applicants have previously established small entity status. The required fee for a two month extension of time for a small entity is \$195.00 and a check in this amount is enclosed. Therefore, a response to the August 16, 2000 Office Action is now due January 16, 2001. Accordingly, this Amendment is being timely filed.

Please amend the subject application as follows:

In the claims:

Please cancel claims 106-112 without disclaimer or prejudice to

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Docket No. 41426-A-PCT-US/JPW/SHS

In re application of: Ron S. Israeli, et al.

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HONORABLE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

January 16, 2001

S I R:

Transmitted herewith is an amendment to the above-identified application.

- X   Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.
- a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	28	- * 85	= *** 0	x	9	18	= 0	0
Independent Claims	6	- ** 15	= *** 0	x	40	80	= 0	0
Multiple Dependent Claims(s) Presented <u>      </u> Yes <u>  X  </u> No For First Time:					135	270	0	0
					TOTAL ADDITIONAL FEE \$ 0			

- \*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

